

SUTTER

INSURANCE COMPANY

1301 Redwood Way, Petaluma, CA 94954-1136

Mailing Address: P.O. Box 808004, Petaluma, CA 94975-8004

Phone: (707) 793-0808 * Facsimile (707) 793-0909

AUTHORIZATION FOR RELEASE OF LOSS HISTORY INFORMATION

TO: Claims Department – Sutter Insurance Company

Fax: (707) 793-0909

Email: claimsemail@sutterinsurance.com

From: _____@_____ Phone _____
(Name) (Company Name)

RE: _____
(Name Insured)

Policy Number(s):

This is my full authorization to release a claim loss history on the listed policy(ies) to:

Name Insured & Fax# _____
Email: _____

Insurance Broker's Name (**Required**) _____
Insurance Broker's Fax# _____ Email: _____

General Agent's Name (**Required**) National Advantage Ins Svcs., Inc.
General Agent's Fax# (714) 505-1025 Email: lossruns@naisins.com

This authorization does not authorize release of any specific records or documents in you claim file(s).
This authorization expires upon the completion of this request. A photocopy of this authorization is as valid as
an original.

This authorization is in compliance with the California Insurance Code; Article 6.6 Insurance and
Privacy Protection Act, Section 791.06 and 791.13, and Title 10, California Code of Regulations, Sections
2689.1 through 2689.24.

In an effort to fight insurance Fraud, this authorization allows us to confirm and verify the requested
information.

Date

Insured Signature (Signature MUST match
Signature on the application for insurance)

Name (Please Print)

****THIS FORM MUST BE COMPLETED IN ITS ENTIRETY
PRIOR TO THE ISSUANCE OF THE REQUESTED INFORMATION****